

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/517048
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.		
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TOTAL IND.	1															
TOTAL DEP.	5															
TOTAL CLAIMS	6															